The book of the bo	State of the state	
Debtor name Humble Su	urgical Hospital, LLC	
United States Bankruptcy C	Court for the: SOUTHERN DISTRICT OF TEXAS	☐ Check if this is an
Case number (if known):	17-31078-H2-11	amended filing

## Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 40 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	nt, or lf the claim is fully unsecured, fill in only unsecured claim claim is partially secured, fill in total claim amount and devalue of collateral or setoff to calculate unsecured claim.		nt and deduction for ed claim.
		contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ABM JANITORIAL SERVICES P.O. BOX 951864 DALLAS, TX 75395-1864	ROBERT T. WITHERS ROBERT.WITHERS @ABM.COM			, , , , , , , , , , , , , , , , , , , ,	or conaccial of seton	\$150,423.36
ACCLARENT 16888 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0168	T: 888-633-5516 F: 866-300-8626 SSTACER@ITS.JNJ .COM					\$55,460.00
ADVANCED MEDICAL RESOURCES 2150 TOWN SQUARE PLACE, STE 290 SUGARLAND, TX 77479-1643						\$29,685.80
AETNA LIFE INSURANCE COMPANY C/O JOHN B. SHELY ANDREWS KURTH LLP 600 TRAVIS, SUITE 4200 HOUSTON, TX 77002		Judgment				\$51,350,447.22
ALCON LABORATORIES, INC. PO BOX 677775 DALLAS, TX 75267-7775	MIZRAIM PENA, JR. F: 817-317-8578 MIZHRAIM.PENA_J R@NOVARTIS.CO M					\$42,268.05

Debtor Humble Surgical Hospital, LLC Case number (if known)
Name 17-31078-H2-11

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	(for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	If the claim is fully unsecured, fill in only unsecure claim is partially secured, fill in total claim amount value of collateral or setoff to calculate unsecured.  Total claim: If		t and deduction for	
ARCHITECH DESIGN &		contracts)		partially secured	of collateral or setoff	\$35,784.80	
DEVELOPMENT							
10550 RICHMOND							
AVE, SUITE 100							
HOUSTON, TX							
ATHAS HEALTH,							
LLC						\$24,638.97	
10740 N CENTRAL							
EXPRESSWAY,							
SUITE 275 DALLAS, TX 75231							
BACKBONE SPINE	DEBBIEBARGAS19		<del> </del>				
DEVICES, LLC	63@GMAIL.COM					\$80,897.01	
4582 KINGWOOD						1	
DR. SUITE 187							
KINGWOOD, TX 77345-2639							
BIOVENTUS LLC	JENNIFER KELLY		<u> </u>			404 040 00	
1900 CHARLES	JENNIFER.KELLY@					\$31,010.00	
BRYAN ROAD,	BIOVENTUSGLOBA						
SUITE 275	L.COM						
CORDOVA, TN 38016			1				
BOSTON	T: 888-272-9442					A17.001.00	
SCIENTIFIC	1.000 2/2 0772					\$45,031.60	
CORPORATION							
PO BOX 951653							
DALLAS, TX 75395-1653							
CENTINEL SPINE	T: 484-877-8811					£00 500 75	
P O BOX 31246	F: 800-493-0966		1 1			\$26,563.75	
TAMPA, FL			1				
33631-3246						1376	
CHAMBERLAIN, HRDLICKA, WHITE,						\$45,993.15	
WILLIAMS &							
AUGHTRY							
ATTN: ACCOUNTS			1				
RECEIVABLE 1200 SMITH SREET,							
SUITE 1400							
HOUSTON, TX							
77002-4310							
	T: 281-358-1950					\$151,600.00	
UDDIN 416 TEALMEADOW							
HOUSTON, TX							
77024							

Debtor Humble Surgical Hospital, LLC Case number (if known) 17-31078-H2-11

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	If the claim is fully unsecured, fill in only unsecured, fill in total claim armot value of collateral or setoff to calculate unsecured.		nt and deduction for ed claim.	
		and government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim	
EXECUTIVE SECURITY SYSTEMS P.O. BOX 850356 RICHARDSON, TX 75085-0356	T: 972-480-0101 F: 866-577-3039 SCOLEMAN@GUA RDTEXAS.COM	,		partially secured	or contact at or seton	\$114,320.67	
G&E HC REIT II SURGICAL HOSPITAL OF HUMBLE, LLC 62112 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0621	T: 602-952-3800			\$4,784,342.96	\$0.00	\$4,784,342.96	
GLASIR MEDICAL PO BOX 34891 SAN ANTONIO, TX 78265	ORDERS@GLASIR MED.COM					\$36,624.80	
GLOBUS MEDICAL, INC. P.O. BOX 203329 DALLAS, TX 75320-3329	T: 610-930-1800 F: 610-930-1803 MCHRISTIAN@GL OBUSMEDICAL.CO M					\$104,736.10	
INTEGRATED MEDICAL SYSTEMS P O BOX 2725 COLUMBUS, GA 31902-2725	F: 205.449.8826					\$22,763.91	
INTERCEDE HEALTH-INPATIENT MEDICAL SERVICES, P.A. PO BOX 670585 DALLAS, TX 75267-0585						\$78,920.00	
J & J HEALTH CARE SYSTEMS, INC. 5972 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	T: 732-562-8165 F: 732-562-3195 CUSTCREDMGMT @HCSUS.JNJ.COM					\$30,951.71	
JEFFREY STERLING 10356 ALEDO ROAD FORT WORTH, TX 76126	F: 866-827-4104 STERLINGSHCI@M SN.COM					\$645,497.94	
	972-331-5291 ACCOUNTING@TO TALSURGICAL.CO M					\$25,313.00	

Debtor Humble Surgical Hospital, LLC

Case number (if known)

17-31078-H2-11

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	nt, or lf the claim is fully unsecured, fill in only unsecured claim is partially secured, fill in total claim amount a value of collateral or setoff to calculate unsecured or Total claim, if Deduction for value U		and doduction for	
LONE STAR	T: 713.609.9673	contracts)		partially secured	of collateral or setoff		
						\$90,105.00	
EXTREMITIES, LLC	LONESTAREXTRE				1	5 - 7 - 55.0	
14602 WHISTLING	MITIES@HOTMAIL.						
OAKS DRIVE	COM						
MONTGOMERY, TX							
77356							
MEDIWARE	T: 713-979-4364					\$33,390.51	
INFORMATION	TERRI.HALLER@M					ψου,υσυ.υ ι	
SYSTEMS	EDIWARE.COM						
PO BOX 204176							
DALLAS, TX	1						
75320-4176		j.					
MEDLINE	T: 913-307-1000						
INDUSTRIES, INC.	F: 800-351-1512					\$29,651.52	
DEPT 1080	MPOWERS@MEDL						
P O BOX 121080	INE.COM						
DALLAS, TX	INE.COM						
75312-1080	1						
M.I.R.						\$65,828.96	
ENTERPRISES						, ,	
13923 SCHMIDT							
CYPRESS, TX 77429							
NUCLEAR IMAGING	F: 832-201-7258					\$55,100.00	
SERVICES, LLC	BILLING@NIS-MIT.					ψ33,100.00	
10010 FAIRBANKS	COM						
N. HOUSTON RD.							
HOUSTON, TX			94				
77064							
NUTECH MEDICAL	T: 800-824-9194					007.747.00	
PO BOX 36639						\$67,545.00	
BIRMINGHAM, AL							
35236						8	
OLYMPUS	T: 484-896-3416						
AMERICA INC.	F: 484-896-7932					\$60,483.68	
(MEDICAL)							
DEPT 0600	JASON.FYE@OLY						
P.O. BOX 120600	MPUS.COM						
DALLAS, TX	1						
75312-0600							
	F. 740 CO4 0000						
	F: 713-634-3639					\$300,032.40	
	SSCHREIBER@PIE					A STATE OF THE STA	
	RCEONEILL.COM			l			
BOULEVARD					1		
HOUSTON, TX							
77006							
PRECISE						\$148,725.60	
PATHOLOGY							
ASSOCIATES, PLLC							
P.O. BOX 133102							
<b>SPRING, TX 77393</b>							

Debtor Humble Surgical Hospital, LLC Case number (if known)
Name 17-31078-H2-11

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
		and government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
SMITH & NEPHEW ENDOSCOPY P O BOX 60333 CHARLOTTE, NC 28260-0333	T: 978-749-1000 JHUMUR.CHAKRA BORTY@SMITH-NE PHEW.COM	,		partiting secured	or conateral or seton	\$25,532.58
ST. JUDE MEDICAL S.C. 22400 NETWORK PLACE CHICAGO, IL 60673-1224	T: 800-435-4242					\$154,860.96
STRASBURGER & PRICE LLP 2301 BROADWAY SAN ANTONIO, TX 78215-1157	STUART MILLER T: 214-651-4300 STUART.MILLER@ STRASBURGER.C OM					\$31,008.79
STRYKER ENDOSCOPY c/o STRYKER SALES CORPORATION P O BOX 93276						\$27,340.22
CHICAGO, IL 60673 STRYKER SPINE 21912 NETWORK PLACE CHICAGO, IL 60673-1912	F: 201-825-2692					\$83,642.39
TRANSTATE EQUIPMENT COMPANY, INC. PO BOX 480005 CHARLOTTE, NC 28269						\$66,000.00
UNITED HEALTHGROUP RECOVERY SERVICES PO BOX 740804 ATLANTA, GA 30374-0804						\$60,173.56
US BIOLOGIX, LLC 7707 FANNIN STREET SUITE 207 HOUSTON, TX 77054	F: 832-324-7800					\$49,600.00

Debtor	Humble Surgical Hospital, LLC	Case number (if known)	17-31078-H2-11	
	Name	SUPERIOR DESCRIPTION OF THE PERIOR	17-01070-112-11	

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	uniquidated, or	If the claim is fully unsecured, fill in only unsecured claim amount. If r claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
X-SPINE	COACTULOCYTAN	contracts)		partially secured	Deduction for value of collateral or setoff	Unsecured claim
452	SCASTILLO@XTAN TMEDICAL.COM					\$69,851.25
ALEXANDERSVILLE ROAD MIAMISBURG, OH 45342						

Fill in this information to identify the case:	I
Debtor name Humble Surgical Hospital, LLC	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS	
Case number (if known) 17-31078-H2	
	Check if this is an amended filing
Official Form 202	
Declaration Under Penalty of Perjury for Non-Individu	ial Debtors 12/15
An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partne form for the schedules of assets and liabilities, any other document that requires a declaration that is not i amendments of those documents. This form must state the individual's position or relationship to the debt and the date. Bankruptcy Rules 1008 and 9011.	notuded in the document, and any
WARNING Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtain connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, o 1519, and 3571.	ing money or property by fraud in r both. 18 U.S.C. §§ 152, 1341,
Declaration and signature	
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized age individual serving as a representative of the debtor in this case.	ent of the partnership; or another
I have examined the information in the documents checked below and I have a reasonable belief that the info	ormation is true and correct:

I declare under penalty of perjury that the foregoing is true and corregt

Schedule H: Codebtors (Official Form 206H)

Other document that requires a declaration

Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B) Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)

Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)

Executed on February 27, 2017

Amended Schedule

Signature of individual signing on behalf of debtor

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)

Jeffrey M. Anapolsky

Printed name

**Chief Restructuring Officer** Position or relationship to debtor